

## **DAY TREATMENT AND TRAINING, ADULT**

### **Service Description**

**H053-KJ**

A service that provides specialized sensory-motor, cognitive, communicative, social interaction and behavioral training to promote skill development for some portion of a 24-hour day.

### **Service Requirements and Limitations**

1. This service shall not be provided in a group home or a developmental home (child or adult).
2. This service shall not be provided when the Division member is hospitalized.
3. This service shall not be provided to members living in skilled nursing facilities, non-state operated Intermediate Care Facilities (“ICFs”), or Level I or Level II behavioral health facilities.
4. This service shall be provided in a Qualified Vendor owned or leased setting, where the majority of the individuals have disabilities and are supervised by paid Qualified Vendor staff. The setting must be inspected by the Department’s Office of Licensing, Certification, and Regulation (“OLCR”) and approved by the Division.
5. The primary use of the setting shall be for the operation of a day program, not as a permanent residence. Exceptions to this requirement must be approved by the Division’s District Program Manager or designee.
6. This service is considered to be habilitation.
7. This service provides for the personal care needs of the member.
8. Therapy services (Occupational, Physical, and/or Speech) may be provided at Day Treatment and Training locations as identified on the member’s planning document [e.g., Individual Support Plan (“ISP”)] under the following circumstances:
  - 8.1 With the Day Treatment and Training staff present and learning how to implement activities to meet the member’s outcome(s) and in conjunction with the home program, or
  - 8.2 At the request of the member or member’s representative and with the agreement of the Day Treatment and Training program. A caregiver/responsible person, other than Day Treatment and Training staff, must be present and participating. In this circumstance, the Day Treatment and Training program shall not bill for the time during which the therapy is occurring.
9. This service shall not be provided in the same room as a Center-Based Employment service.

## **Service Goals and Objectives**

### Service Goals

1. To provide training and supervision for the member to increase or maintain his/her socialization and adaptive skills to live and participate in the community.
2. To provide opportunities to interact with friends and others in the community, including providing information regarding and facilitating access to community resources.
3. To provide opportunities for members to develop skills that lead to meaningful days, valued community roles, and promotes the member's vision of the future and priorities .

### Service Objectives

The Qualified Vendor shall ensure the following objectives are met:

1. In accordance with the member's planning document [e.g., Individual Support Plan (ISP)], assist in developing:
  - 1.1 Individualized, time-limited outcomes that are based on assessment data and input from the member and the member's representative that will allow the member to achieve his/her long term vision for the future and priorities.
  - 1.2 A specific teaching strategy for each habilitative outcome within ten (10) business days after initiating the service for a new or a continuing placement and whenever a new outcome has been identified for the member. The specific teaching strategy for each outcome shall identify the schedule for implementation, frequency of services, data collection methods, and the steps to be followed to teach the new skill.
  - 1.3 Changes to specific outcome(s) and/or strategies, as agreed upon by the member's planning team, based upon the presence or absence of measurable progress by the member.
2. As identified in the member's planning document, provide training and/or assistance such as:
  - 2.1 Assistance and training related to personal and physical needs and routine daily living skills;
  - 2.2 Implementing strategies to address behavioral concerns, developing behavior intervention programs, and coordinating with behavioral health programs to ensure proper review of medication treatment plans;
  - 2.3 Ensuring that the health needs of the member are being met, including providing follow up as requested by the member's Primary Care Provider ("PCP") or medical specialist;

- 2.4 Implementing all therapeutic recommendations including speech, occupational, and physical therapy, and assisting members in following special diets, exercise routines, or other therapeutic programs;
  - 2.5 Mobility training, alternative, or adaptive communication training;
  - 2.6 Providing general supervision to the member;
  - 2.7 Opportunities for training and/or practice in basic life skills such as shopping, banking, money management, access and use of community resources, and community survival skills; and
  - 2.8 Assisting members in utilizing community transportation resources to support the member in all daily living activities (e.g., day treatment and training, employment situation, medical appointments, visits with family and friends and other community activities) as identified within the member's planning document.
3. Develop, maintain, or enhance independent functioning skills in sensory-motor areas, cognition, personal grooming, hygiene, dressing, eating, toileting, self-medication and first aid, recognizing symptoms of illness, and preventing accidents and illnesses.
  4. Assist each member in developing methods of starting and maintaining friendships of his/her choice, as well as appropriate assertiveness, social skills, and problem solving abilities for use in daily interactions.
  5. Provide opportunities for members to participate in community activities and facilitate member utilization of community resources.
  6. Provide transportation necessary to support program activities.
  7. Develop, at a minimum, a monthly on-site/community integrated schedule of daily activities and document member's direct input into the schedule. Daily activities and schedules are based on member choice, developmental level, planning document goals, and enrichment of life experiences. Allow for reasonable choice in activity participation and offer alternative activities. This schedule shall be available to members, member representatives, or others upon request.
  8. Play an active role in ensuring that services with other involved entities, including group homes, health care providers, and schools, are coordinated to meet the needs of the members served.
  9. Members who desire and/or demonstrate work-related skills shall be referred to their planning team for considering the addition of an employment outcome to their planning document.
  10. Partner with the Division to conduct program reviews to assess performance in meeting all identified tasks, promote quality improvement, and encourage best practices. Such reviews

shall include participation of members served, families, and all other interested parties. The frequency of the reviews shall be determined by the Division.

### **Service Utilization Information**

1. Typical utilization by member varies. The maximum limit of participation is eight (8) units per day; direct service time associated with providing transportation to/from the program is included in the “Flat Trip Rate for Regularly Scheduled Daily Transportation” rate. Typical programs operate during the weekdays, Monday through Friday, and program sites are generally open during typical work day hours, except for holidays.
2. The Qualified Vendor shall provide transportation to and from the program for any member needing transportation when the member does not live in a licensed residential setting.
3. A number of members do not want or demand a full-time option. It is the responsibility of the planning team and the Qualified Vendor to determine the member’s anticipated attendance, and their schedule as part of the initial service planning and referral.
4. This service has typically been provided at the 1:2.5 to 1:4.5 staff-to-member ratio. Higher ratios may be used based on the collective needs of the members and must be approved by the District Program Manager/designee. Lower ratios must be specifically authorized by the District Program Manager/designee based on the needs of the members.
5. Children shall be provided service separately from adults through the age of fifteen (15). Upon age sixteen (16), transition plans may be individually developed, and may permit the inclusion into an employment and/or day program with adults with parental consent. The transition plan and consent shall be available to the Division upon request.

### **Rate Basis**

1. Published. The published ratio rate is based on the ratio of total direct service staff hours with members present at the program to total member hours.
2. The Division established a separate rate for this service in the rural areas of the state. This modified rate has a premium over the standard rate for this service. The Qualified Vendor shall bill the Division this modified rate only after it receives authorization from the District Program Manager/designee.
3. The Division established a separate rate for this service to behaviorally or medically intense members. Special authorization for these members is required by the District Program Manager/designee. The hours for these members and the direct service staff hours related to the behaviorally or medically intense members shall not be considered in determining the overall program staffing ratio for the remaining members.
4. Throughout the term of the contract, the appropriate billing codes, billing units, and associated billing rules are subject to change. All billing codes and billing units, and

associated billing rules will be included in the Division's Policies and Procedures Manual, Billing Manual, *RateBook*, and/or other provider resources made available by the Division.

### **Direct Service Staff Qualifications**

The direct service staff shall have at least three (3) months experience in conducting group or individual activities related to specific developmental, habilitative, or recreational programs, or be supervised by an individual with such experience.

### **Recordkeeping and Reporting Requirements**

1. The Qualified Vendor shall maintain a copy of each member's planning document on file and make it available to the member/member's representative and/or Division upon request.
2. The Qualified Vendor shall submit the teaching strategies that were developed for the member's habilitative outcomes to the member's Support Coordinator for planning team review no later than ten (10) business days following the initiation of service for a new or a continuing placement and whenever a new outcome has been identified for the member.
3. The Qualified Vendor shall submit quarterly individualized progress reports on the member to the member's Support Coordinator and the member/member's representative. The quarter is based on the member's annual planning cycle. The first quarterly progress report is due no later than the fifteenth (15<sup>th</sup>) day following the end of the quarter in which the service is initiated. Subsequent quarterly progress reports are due no later than the fifteenth (15<sup>th</sup>) day following the end of the quarter.
  - 3.1 At a minimum, the report shall include a written summary describing specific service activities, overall progress specific to planning document outcomes, performance data that identifies the member's progress toward achievement of the established outcomes, and current and potential barriers to achieving outcomes.
4. The Qualified Vendor shall keep a record of each member's attendance, including time of arrival and departure. The time begins when the Qualified Vendor assumes responsibility for the member and ends when the Qualified Vendor ends this responsibility. Total time shall not include any time spent during transportation to/from the member's residence.
5. The Qualified Vendor shall maintain daily records as proof of the number of hours worked by each direct service staff providing direct services to members in the program.
  - 5.1 Only the time when members are present at the program shall be counted as direct service.
  - 5.2 Each time sheet, equivalent document, or data system must contain the original signature or other independent verification (such as an attendance log that has been signed by the member/member's representative or the direct care staff who documents the member's arrival and departure) after service delivery confirming the hours worked. Proof of hours worked must be signed or verified by the member/member's

representative/agency representative before the Qualified Vendor submits the claim for payment.

- 5.3 Staff time related to behaviorally or medically intense members with who have specially authorized staffing shall be recorded separately.
6. The Qualified Vendor shall have a monthly schedule of planned activities posted at all times.
  7. Best practices will require advance notice of the activity schedule to participants.
  8. The Qualified Vendor shall maintain data that demonstrates full compliance with all programmatic and contractual requirements of the Department and the Division.
  9. The Qualified Vendor shall maintain a ledger and documentation (e.g., receipts) that accounts for the expenditure of all member funds used.